*The Hurt Locker*

*DSM IV – Post Traumatic Stress Disorder*

In 2000, the American Psychiatric Association revised the PTSD diagnostic criteria in the fourth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)(1). The diagnostic criteria (A-F) are specified below.

Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning.

**STOP!** Parts of Diagnosis

1. Exposure to traumatic event
2. Intrusive recollections
3. Avoidant/numbing symptoms
4. Hyper-arousal symptoms
5. Duration of symptoms
6. Functioning

**Criterion A: stressor**

The person has been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
2. The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

**STOP!** Define a stressor in your own words. Be sure to explain both components.

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**Criterion B: intrusive recollection**

The traumatic event is persistently re-experienced in at least **one** of the following ways:

1. *Recurrent* and *intrusive* distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

***STOP! What does recurrent and intrusive mean?***

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1. Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content
2. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.

**STOP! How is this different from the recollections of the event in #1?**

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1. Intense psychological ***distress*** at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

**STOP! What is an example of a cue to a traumatic event? Be sure to describe the cue, what event it is a cue for, and the connection between the two.**

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1. Physiologic ***reactivity*** upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

**STOP! What do you think reactivity means?**

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**Criterion C: avoidant/numbing**

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least **three** of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

**STOP! How would this avoidance interfere with normal functioning?**

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**Criterion D: hyper-arousal**

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least **two** of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response

**Criterion E: duration**

Duration of the disturbance (symptoms in B, C, and D) is more than one month.

**Criterion F: functional significance**

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Specify if:**

**Acute:** if duration of symptoms is less than three months

**Chronic:** if duration of symptoms is three months or more

**STOP! What is the difference between acute and chronic?**

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**Specify if:**

With or Without delay onset: Onset of symptoms at least six months after the stressor

**STOP! What does delay onset mean?**

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**References**

1. American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.

**PTSD & THE WARS IN IRAQ AND AFGHANISTAN**

171,000: veteran patients diagnosed by Veterans Affairs with PTSD  
84,000: veterans with approved Veterans Affairs disability claims for PTSD  
Veterans for Common Sense (VCS) obtains this information from the Department of Veterans Affairs (VA) using the Freedom of Information Act (FOIA). VCS publishes monthly fact sheets with these and other details about the impact of the Iraq and Afghanistan Wars..   
In September 2009, Stanford University published this study estimating a 35 percent PTSD rate among Iraq and Afghanistan war veterans. This is the best and most current estimate. As the wars continue, and as more troops deploy several times to combat, the rate of PTSD continues climbing.

***Film Study***

**Directions: As you watch the film, answer the questions in your journal. The questions are ordered chronologically.**

**\*The film contains explicit language and mature content to portray an accurate and realistic depiction.**

1. **What emotions do you feel as the film starts?**
2. **What is “Blaster 1” supposed to do?**
3. **What impact do you think the opening event has on his “team” mates?**
4. **How could this impact their own psychological functioning (cognition and behavior)?**
5. **What are your first impressions of Will?**
6. **What is Owen’s comment about “being in Iraq?” What does this tell you about him?**
7. **What is your impression so far about the relationship the soldiers have with Iraqi civilians?**
8. **Describe Jim’s first mission out. What observations can you make about his behavior? How do his teammates feel about him? How does he handle stress?**
9. **“It’s just 39 days. 38 days if we survive today.” What does this tell you about how they are feeling?**
10. **Owen and the doctor’s discussion is intense. What is the doctor’s advice? What is Owen’s response?**
11. **Do you think Owen should be in the army? Going on missions?**
12. **What is the conversation in the bathroom?**
13. **What do you think the nervous system’s response should be during missions?**
14. **What happens to the wounded Iraqi?**
15. **On the second mission, describe Jim’s behaviors.**
16. **What does Sandborn do after the second mission?**
17. **What positive reinforcement does James receive for his behavior? From whom (two people)?**
18. **What does Owen say about Jim to the doctor? How does he describe “war” to Owen? What is his advice for the doctor?**
19. **Does Jim consider others in his actions? What does Sandborn consider during the explosives? Why do you think he does this?**
20. **How is Owen during the shooting? How is James as a leader during this time?**
21. **What is the physical impact on the soldiers?**
22. **How do the soldiers “relax” or “bond?”**
23. **What does Will keep under his bed? What does he reveal about his life at home? How would you describe his relationships?**
24. **How does the “messing around” turn out? How does Will fall asleep? Why do you think he does these?**
25. **Who joins the crew on their mission? Why do you think he did this?**
26. **What happens on the mission (two major events)?**
27. **What do you think the impact will be on Owen?**
28. **How does Will deal with the stress? Where does he go?**
29. **Should James be on the night mission? Should Owen be on the night mission?**
30. **What is the scene like on the night mission?**
31. **During events such as this what is the body’s response?**
32. **What happens on the night mission? What happens to Owen?**
33. **How is Will handling the stress? What evidence is there that Will’s health is being affected?**
34. **What does Owen say to Will as he is leaving?**
35. **What happens with two days left in their tour? What is Sanborn’s advice?**
36. **What does Sanford say about being in Iraq? How does Will do it?**
37. **How does grocery shopping go?**
38. **What does Will say to his son? How are his relationships?**
39. **Does Will view himself as a husband? A father? How does he see himself?**
40. **What does Will end up doing at the end of the film? Why do you think he makes this decision?**
41. **Do you think Will has PTSD? Why or why not?**
42. **How has war impacted his self-image? Adaptability (ability to adjust)?**
43. **How has Will’s relationships been impacted? His health? His future?**